

STATE OF NEVADA
OFFICE OF THE ATTORNEY GENERAL
100 North Carson Street
Carson City NV 89701-4717
(775) 684-1263 telephone
(775) 684-1145 facsimile

**NOTE: Please do not notify Risk Management of your Auto Insurance needs.
The AG's Office shares this information with Risk Management.**

STATE-OWNED MOTOR VEHICLE INSURANCE CHANGES

Please supply **COMPLETE** information. Changes are prorated and billed/credited at the end of the fiscal year. When adding vehicles, this form should be submitted **AFTER** you obtain the license plate. You have a 30-day grace period from the time you take possession to insure the vehicle. You will receive an email as confirmation when information has been entered into the system. **Incomplete forms will be returned to you for completion.**

TYPE OR PRINT CLEARLY

Department _____ Division/Agency _____

Agency Contact Person _____ Phone # _____

Fax # _____

Vehicle 1

☐Add ☐Delete ☐Edit (highlight change)

Budget Account No. _____

Effective Date (*Added or Deleted*) _____

Year _____ Make (e.g., FORD) _____

Model (*F150/F250 FORD*) _____

VIN _____

VEHICLE CLASSIFICATION CODE _____

Lic. # _____ Coverage L _____

L - Liability (mandatory)

CC - Comprehensive & Collision (optional)

☐Check here if more on back ↵

Vehicle 2

☐Add ☐Delete ☐Edit (highlight change)

Budget Account No. _____

Effective Date (*Added or Deleted*) _____

Year _____ Make (e.g., FORD) _____

Model (*F150/F250 FORD*) _____

VIN _____

VEHICLE CLASSIFICATION CODE _____

Lic. # _____ Coverage L _____

L - Liability (mandatory)

CC - Comprehensive & Collision (optional)

Vehicle 3

☐Add ☐Delete ☐Edit (highlight change)

Budget Account No. _____

Effective Date (*Added or Deleted*) _____

Year _____ Make (e.g., FORD) _____

Model (*F150/F250 FORD*) _____

VIN _____

VEHICLE CLASSIFICATION CODE _____

Lic. # _____ Coverage L _____

L - Liability (mandatory)

CC - Comprehensive & Collision (optional)

Vehicle 4

☐Add ☐Delete ☐Edit (highlight change)

Budget Account No. _____

Effective Date (*Added or Deleted*) _____

Year _____ Make (e.g., FORD) _____

Model (*F150/F250 FORD*) _____

VIN _____

VEHICLE CLASSIFICATION CODE _____

Lic. # _____ Coverage L _____

L - Liability (mandatory)

CC - Comprehensive & Collision (optional)

Vehicle 5☐Add ☐Delete ☐Edit (highlight change)

Budget Account No. _____

Effective Date (Added or Deleted) _____

Year _____ Make (e.g., FORD) _____

Model (F150/F250 FORD)_____

VIN _____

VEHICLE CLASSIFICATION CODE_____

Lic. #_____ Coverage L_____

L - Liability (mandatory)

CC - Comprehensive & Collision (optional)

Vehicle 6☐Add ☐Delete ☐Edit (highlight change)

Budget Account No. _____

Effective Date (Added or Deleted) _____

Year _____ Make (e.g., FORD) _____

Model (F150/F250 FORD)_____

VIN _____

VEHICLE CLASSIFICATION CODE_____

Lic. #_____ Coverage L_____

L - Liability (mandatory)

CC - Comprehensive & Collision (optional)

VEHICLE CLASSIFICATION	
PEV	Police Emergency Vehicle
FEV	Fire Emergency Vehicle
EHFV	Extra Heavy Fire Vehicle
AV	Agency Vehicle
ASUV	Agency SUV
AMIV	Agency Mini Van
C1	Class 1 Truck (<6,001 lbs)
C2	Class 2 Truck (6,001 – 10,000 lbs)
C3	Class 3 Truck (10,001 – 14,000 lbs)
C4	Class 4 Truck (14,001 – 16,000 lbs)
C5	Class 5 Truck (16,001 – 19,500 lbs)
C6	Class 6 Truck (19,501 – 26,000 lbs)
C7	Class 7 Truck (26,001 – 33,000 lbs)
C8	Class 8 Truck (33,001 and greater)
MC	Motorcycle
B1	Bus 1 (seating 1-8 people)
B2	Bus 2 (seating 9-20 people)
B3	Bus 3 (seating 21-60 people)
B4	Bus 4 (seating 60 people or more)
AGC	Agency Golf Cart
AT	Agency Trailer
APV-1	Agency Passenger Van (seating 1-8 people)
APV-2	Agency Passenger Van (seating 9-20 people)
APV-3	Agency Passenger Van (seating 21-60 people)
APV-4	Agency Passenger Van (seating 60 people or more)

Return completed form by email to:**Email address: agfleet@ag.nv.gov****Office of the Attorney General****100 North Carson Street****Carson City, Nevada 89701-4717****775/684-1263 telephone****775/684-1145 facsimile**